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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

First Inventor

Abe Nishiki

Title

ToolProcessCurePhimosis

Express Mail Label No.

031088 U.S. PTO
10/687748

102003

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☒ Applicant claims small entity status.
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 22]
(preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 3]
5. Oath or Declaration [Total Sheets 4]
 - a. ☒ Newly executed (original or copy)
 - b. ☐ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)
 - i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. ☐ Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ Paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement (when there is an assignee) ☐ Power of Attorney
11. ☒ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☐ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.:

Prior application information:

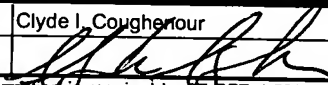
Examiner

Art Unit:

For CONTINUATION OF DIVISIONAL APPS only; The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☐ Customer Number: OR ☒ Correspondence address below

Name	Clyde I. Coughenour				
Address	16607 Sutton Place				
City	Woodbridge	State	Virginia	Zip Code	22191
Country	USA	Telephone	703-221-8677	Fax	703-221-8677
Name (Print/Type)	Clyde I. Coughenour	Registration No. (Attorney/Agent)	33,083	Date	10/17/2003
Signature					

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

16698 U.S. PTO
102003

Approved for use through 10/31/2003. PMS 001-10002
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Information on this form is available at www.uspto.gov

FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)**385.00**

Complete if Known

Application Number	
Filing Date	
First Named Inventor	Abe Nishiki
Examiner Name	
A1 Unit	
Attorney Docket No.	

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☐ Deposit Amount

Deposit Account Number: **03-3382**

Account Name: **Clyde I. Coughenour**

The Commissioner is authorized to: (check all that apply)

☐ Charge (less) indicated below ☒ Credit any overpayments

☒ Charge (any additional fees) during the pendency of this application

☐ Charge (less) indicated below, except for the filing fee to the above-indicated deposit account

FEE CALCULATION (continued)

3. ADDITIONAL FEES						
Large Entity		Small Entity		Fee Description		Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)			
1051	130	2051	85	Surcharge - late filing fee or both		
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet		
1053	130	1053	130	Non-English specification		
1812	2,520	1812	2,520	For filing a request for ex parte reexamination		
1804	920*	1804	920*	Requesting publication of SIR prior to Exam not action		
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action		
1251	110	2251	55	Extension for reply within first month		
1252	400	2252	200	Extension for reply within second month		
1253	920	2253	460	Extension for reply within third month		
1254	1,440	2254	720	Extension for reply within fourth month		
1255	1,960	2255	980	Extension for reply within fifth month		
1401	320	2401	160	Notice of Appeal		
1402	320	2402	160	Filing a brief in support of an appeal		
1403	290	2403	140	Request for oral hearing		
1451	1,510	1451	1,510	Petition to institute a public use proceeding		
1452	110	2452	55	Petition to revive - unavoidable		
1453	1,280	2453	640	Petition to revive - unintentional		
1501	1,280	2501	640	Utility issue fee for reissue		
1502	460	2502	230	Design issue fee		
1503	620	2503	310	Plant issue fee		
1460	130	1460	130	Petition to the Commissioner		
1807	50	1807	50	Processing fee under 37 CFR 1.17(a)		
1806	180	1806	180	Submission of Information Disclosure Sheet		
8021	40	8021	40	Recording each patent assignment in our property (times number of properties)		
1609	740	2609	370	Filing a submission after final rejection (37 CFR 1.129(a))		
1610	740	2610	370	For each additional invention to be examined (37 CFR 1.129(b))		
1601	740	2601	370	Request for Continued Examination (RCE)		
1802	900	1802	900	Request for expedited examination of a design application		

FEE CALCULATION

1. BASIC FILING FEE					
Large Entity		Small Entity		Fee Description	
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	240	2001	120	Utility filing fee	
1002	350	2002	175	Design filing fee	
1003	510	2003	255	Plant filing fee	
1004	740	2004	370	Reissue filing fee	
1005	150	2005	80	Provisional filing fee	

SUBTOTAL (1) (\$)**385.00**

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims		Fee from below		Fee Paid	
Total Claims	Independent Claims	20 or more	Less than 20				
		<input type="checkbox"/>	<input checked="" type="checkbox"/>				
		<input type="checkbox"/>	<input checked="" type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				

Large Entity		Small Entity		Fee Description	
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	15	2202	9	Claims in excess of 20	
1201	60	2201	42	Independent claims in excess of 3	
1203	260	2203	140	Multiple dependent claim, if not paid	
1204	84	2204	42	** Reissue independent claims over original patent	
1205	13	2205	9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$)

*The number previously paid, if greater. For Reissues, see above

Other fee (specify) _____
*Reduced by Basic Filing Fee Paid
SUBTOTAL (3) (\$)

SUBMITTED BY		(Complete if applicable)	
Name (Print Name)	Clyde I. Coughenour	Registration No. (21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 00)	33,083
Signature		Telephone	703-221-8677
		Date	10/17/2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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